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EFFECTS OF THE POTATO DISEASE IN THE HUMAN SUBJECT.

THE following cases and observations on the deleterious effects of diseased potatoes have been communicated to the Dublin Quarterly Journal of Medical Science, by Dr. John T. Banks, Physician to the Whitworth and Hardwicke Hospitals.

"Bryan Gogarty, a laborer, aged 51, with three of his family—a girl aged 22, and two boys, one aged 14, and the other 5—were admitted into the Hardwicke Hospital on the 24th of December, 1845; they had been ill for six days before admission.

"On Thursday, the 18th, Gogarty and his family, seven in number, breakfasted, dined and supped, on potatoes, which, according to his statement, appeared sound and good before they were boiled, but afterwards exhibited black spots and fibres in their structure.

"They were very sweet, in consequence of which (to use his own expression) 'the children leaned very heavily upon them.' About an hour after breakfast, the father and three children experienced a sensation of uneasiness in the stomach, which soon amounted to pain, and extended to the abdomen, following the course of the colon; they also suffered from severe pain in the back, and difficulty in passing water. The other members of the family who ate of the same potatoes did not suffer in any respect, and this the father attributes to the fact of their having peeled the potatoes, and to their having removed the bad parts, a precaution which he himself and the three children had neglected to take.

"Previously to their admission into the Hospital they had all been under the care of Surgeon Maguire, of the Netterville Dispensary, who had treated them for constipation of the bowels and retention of urine; the usual remedies had, however, failed to produce any effect. The symptoms which were noted on their entering the Hospital were the following:—the countenance was expressive of pain, and the features were sunken; shivering, coldness of the surface, swelling of the abdomen, with excruciating pain and tenderness on pressure; the region of the bladder was distended; the pulse was weak and rapid. Pain of an acute character was referred to the anus, which on examination was found perfectly patulous and exquisitely tender to the touch. Surgeon Maguire informed Mr. Birch, the clinical clerk, that two of the four patients had prolapsus ani when he saw them, which was probably caused by the vio-

lent and ineffectual efforts to discharge the contents of the rectum. There had not been an evacuation from the bowels, nor had they passed water, except in drops, and with extreme suffering, for six days. On introducing the finger into the rectum, which caused acute pain, it was found that the intestine was completely filled, to within an inch of the orifice, with a solid substance. A peculiar and most offensive odor was immediately perceptible on approaching their beds.

"Twelve grains of calomel were administered to the father and daughter, and eight to one and six to the other of the younger children; a hip-bath was directed for each, and the removal by mechanical means of the contents of the rectum, and also the introduction of the long tube, by means of which warm water and oil were to be thrown up.

"Mr. Birch removed an enormous quantity of the substance which was found in the rectum; it very much resembled the *debris* of apples after the cider had been expressed; its odor was remarkable, and was not in the least like that of fæces, and there was total absence of bile; it adhered very closely to the mucous membrane; portions of it were quite hard, and, as it were, glued to the folds of the intestine.

"The catheter was introduced, and much urine, of a dark color and disagreeable smell, drawn off. The girl would not submit to the operation of removing the hard masses from the rectum, but enemata were administered, and she passed balls which resembled horse-dung.

"25th.—All the males appear much better; the evacuations of the youngest are natural; the boys pass water freely; the father is still unable to do so without the aid of the catheter. The girl is somewhat feverish; she has submitted to treatment, and a large quantity of the substance before described was removed from the rectum, after which the long tube was easily passed up its entire length, and a purgative enema administered; she complained in the evening of cramps in the upper extremities; castor oil and turpentine, in the form of emulsion, was presented.

"Towards the evening of this day, the father seemed very weak; the countenance was of a dusky hue; the surface cold, and the pulse so very feeble that it was deemed expedient to give stimulants; the evacuations passed involuntarily, and consisted partly of the substances mentioned above and partly of fluid feculent matter.

"26th.—The father much improved, his pulse stronger; no healthy evacuation; the use of the catheter still required. The girl also better, but continues feverish; the elder boy suffers a great deal from pains in the abdomen, his evacuations come away involuntarily, but they contain some feculent matter of a natural appearance. In each there is much tenderness of the anus, which has been kept constantly stuped with decoction of poppies; castor oil and Batley's sedative liquor of opium, were ordered.

"27th.—The evacuations of the father and daughter are still unhealthy; they all pass water without the aid of the catheter; the dejections of the youngest boy are no longer involuntary.

"28th.—They all occasionally experience pains in the abdomen, which are relieved by turpentine fomentations and the hip bath. On ex-

amination it was found that the rectum of the girl still contained some of the hard substance; the operation was therefore repeated, and nearly as much as on the former occasion was removed.

"29th.—The two boys may be now said to be convalescent; the father and daughter remain as in last report; the evacuations in both are involuntary, but they are of a natural color; the father occasionally requires to have his urine drawn off by the catheter. There was no marked change in their condition up to the 3d of January; on the 4th the girl was quite free from any symptoms except weakness. The father, who is the only one now under treatment, continues to pass the evacuations involuntarily; and frequently requires the catheter. The retention of urine seems now to depend upon spasm, for there is difficulty in introducing the catheter, and it is found necessary to place him in a warm bath; he sometimes suffers from cramps. Opiate suppositories directed.

"January 5th.—The urine passed freely; evacuations still involuntary; but he is much improved in every other respect.

"15th.—The father is now convalescent, but complains of debility.

"I am indebted to my friends, Drs. Hill and Aldridge, for an accurate microscopic and chemical investigation of the evacuations. They were found destitute of any feculent appearance or odor; they consist of large patches of potato peel, mixed with spongy balls of very decayed woody fibre, in which all traces of structure seem to have been lost, except in the fragments of peel; there was no appearance of regular cells, vessels, or even of starch globules in the dark-brown, soft and spongy masses, but a large quantity of minute, dark-colored bodies or granules, were seen adhering to the peel, which resembled very closely the sporidia of the fungi found in unboiled diseased potatoes. The odor is sour, like that of vinegar, but mixed with something very disagreeable, approaching that of coal tar. The re-action is acid, and when concentrated sulphuric acid is mixed with some of the brown mass, fumes of acetic acid are copiously disengaged. When a little of the mass is mixed with water of potash and heat applied, ammonia is liberated in such abundance as to show that the acid must be present in very considerable quantity to overcome its re-action. Not a trace of starch, gluten or albumen could be detected. Drops of oil are visible in the mass submitted to the microscope, and this oil can be extracted by ether, when it is found to be colorless and volatile. The ammonia in this case may be supposed in great part to originate from the putrefaction of the nitrogenous elements of the potato; the complete destruction of the starch is remarkable, and it is probably from this cause that the acetic acid proceeded. What is the origin of the oil it is not so easy to divine; it is evidently different from the yellow fatty oil which naturally exists in the raw potatoes, and is destroyed by cooking; the nearly entire absence of the alimentary excretions in these discharges is also worthy of notice.

"In the foregoing cases purgatives had been freely employed before admission into Hospital, but they utterly failed to produce alvine evacuations. I am persuaded that nothing short of the removal, by mechanical

means, of the enormous masses of undigested matter, would have proved effectual. The constipation may have been caused by over-distention, producing paralysis of the muscular fibres of the intestines; but mere dilatation would scarcely account for the paralyzed state of the sphincter ani, and for the retention of urine. The inference then appears obvious, that the blighted potato exercised some influence beyond that which can be accounted for simply by over-distention and mechanical obstruction. I am not aware of any disease hitherto described, which presents symptoms precisely analogous to those in the cases which have been detailed. If we consider the diseased potato in the light of a poison—and doubtless it gave rise to a series of phenomena in these cases, which would probably have eventuated in death, if means had not been adopted to remove or mitigate the urgent symptoms—to what class of poisons can we refer it? In what toxicological group are we to include it? A place cannot be assigned it among irritants, narcotics or narcotico-acrids. Some of the most marked symptoms which these deleterious agents occasion, were absent in our cases. Delirium, the most prominent symptom of poisoning by the solaneæ, was not present. The berries of the potato (solanum tuberosum) have proved poisonous, but I am unacquainted with any previous record of the boiled tuber having proved injurious to man or the lower animals. The most remarkable and interesting symptom was the perfectly patulous state of the anus; this condition remained after the masses of accumulated matter had been removed; when there ceased to be any evidence of the intestinal canal containing more of this peculiar substance, the sphincter was still powerless, and the dejections flowed away involuntarily. In all the cases there was retention of urine, and at times it was found impossible to introduce the catheter, owing to spasm of the urethra, which always, however, yielded to the warm bath. From the identity of the symptoms in the four cases, and from the nature of the contents of the intestines, I apprehend there cannot be a doubt as to the disease having been induced by eating largely of potatoes far advanced in decay.

"The useful and practical deduction from this fact is, that it is expedient to prevent, as far as possible, the consumption of potatoes which are not positively sound. It may be said that numbers of persons must have eaten of potatoes in a like state, and why is it that similar consequences have not followed? In reply, I would say, that it is probable a moderate quantity of blighted potatoes, more especially if mingled with other articles of aliment, might be eaten with impunity, but, that when potatoes form the *only* food, there are strong grounds for the presumption that disease would be induced. If, in four instances, we can trace the effects to the cause unequivocally, it would be absurd to suppose that they are to be isolated cases. The disease having yielded to treatment, no opportunity presented itself of ascertaining the morbid changes upon which the symptoms depended. I have consequently not ventured in the preceding remarks to hazard an opinion as to the precise nature of the disease. Nevertheless, I conceive it to be the duty of a physician, at all times, to lay before the profession the unusual and remarkable

cases which come before him, and, acting upon this conviction, I have been induced to record these examples of an affection which must, under existing circumstances, be replete with interest."

THE DRESS OF PATIENTS IN LUNATIC ASYLUMS.

[From "Lectures on the Construction and Government of Lunatic Asylums," by John Conolly, M.D., Physician to the Lunatic Asylum at Hanwell, and now in course of publication in the London Lancet, the following remarks are copied.]

The clothing of patients in an asylum of any description merits very careful attention, both as one of the means of preserving health, and as one of the things re-acting on the mind. Among the most constant indications of insanity are to be observed negligence or peculiarity as to dress; and many patients seem to lose the power of regulating it according to the seasons, or the weather, or the customs of society. As regards the clothing of the pauper lunatic in a county asylum, it is especially desirable that it should be warm, both in the winter and in the changeable weather of the autumn and spring, and cool and unirritating in the summer. The vernal excitement so distinctly visible in the wards, seems to suggest particular attention to the clothing at the season when the temperature becomes rather suddenly elevated, after the severities of the winter and early spring. The irritability of some of the patients, and the coldness and increased feebleness of others, show the importance of warm winter clothing for patients suffering from various forms of nervous disturbance, many of which seem to interfere with the function of animal heat. Many of the insane, also, are predisposed to pulmonary consumption, and a flannel waistcoat or drawers are indispensable to them, as well as to those who become depressed and inactive in severe weather. Warm worsted stockings, and cloth boots or shoes, kept in good repair, are very essential to some of them. The slovenly character given to most of the imbecile and maniacal patients by the falling down of their stockings over the ankles, might be avoided, I imagine, by the structure of the upper part of the stocking being assimilated to that of children's half-stockings, which are easily kept up; or an elastic band at the top of the stocking might be convenient. Garters are generally lost or misapplied, and strings are inconvenient or useless. In these matters, the physician should be aided by female sub-officers, willing to learn and ready to assist. Boots made of cloth are much worn at Hanwell, and seem very useful; if necessary, they are fastened on by a small lock, instead of a button. Stout linen is the material used both for men's shirts and women's under garments at Hanwell. Some of the female patients, unaccustomed to coarse apparel, complain of the skin being irritated by the linen, and calico is occasionally substituted for it. The men have clean shirts twice a week, and the attendants and officers should not permit them to be worn without buttons. A great number of the patients will keep themselves clean and neat if allowed to do so, and they should

be in every respect assisted and encouraged in it. The best outer clothing for both the male and female patients in winter is woollen cloth. A gray broadcloth is worn at Hanwell by the men, and gray linsey gowns by the women; but some of the women find a woollen gown oppressive, especially if they are employed, and cotton dresses, or linen check, of various patterns, or merino dresses, are provided for them. In the summer, the woollen gowns are certainly too warm, except for very weak and inactive patients. The number of female patients who go about bareheaded is always greatest where there is the most neglect. It is not natural to the woman to neglect the dress of her head, and if the faculty is impaired, care will often restore it. When convalescence is commencing, the patient generally becomes more cheerful if some assistance is given her as regards her dress for Sunday; and of this a neat, or even a pretty cap, is an important part. The men also, when recovering, often ask for better clothing to go to chapel in. The attendants should set a good example. Slovenly attendants generally increase the number of dirty patients. No mistake is greater than that of supposing that being dressed in unbecoming clothing, in stuff gowns, and in mob-caps, is either a virtue in itself, or an incentive to virtue. Such sentiments form part of a gloomy and selfish system, including mortifications and degradations, especially unfavorable to goodness of any kind, and only gratifying to those who impose them. Such dresses are especially distasteful to English women of any class; they always discard these outward signs of poverty as soon as they are raised above the lowest condition of pauperism. A neglect of this really proper feeling is a frequent cause of discontent in asylums, and sometimes retards recovery.

Uniformity of dress is chiefly desirable as a check on escapes; but may, in numerous cases among the female patients, be wholly dispensed with. Many of the women should indeed be indulged in wearing neat articles of dress brought to them by their friends; there are even some whom it is impossible to soothe without this indulgence. As regards the male patients, uniformity of dress contributes greatly to their general good appearance, as a variety of male dress cannot be so neatly preserved as to avoid a miscellaneous shabbiness, from which female dresses, however cheap, are exempted by the care of the laundress. Good gray cloth, perhaps, preserves a decent appearance longer than cloth of any other color, and it will bear frequent washing. Many of the men, on first admission, object to the round jacket worn at Hanwell; and certainly a short coat would be more becoming—its cost would only be a few additional shillings. Every male patient should be provided with a cotton neck-handkerchief of a dark color, or a stock; and a straw hat or cap for the summer, and a black hat for the winter. A strong cotton cap, gray or striped, the crown having a thick lining or light stuffing, to protect the head from the direct rays of the sun, is found very convenient. But it is best, in regard to the handkerchiefs, and the covering for the head, to allow the patients to choose that color or kind which they prefer. Much comfort is imparted to many of the old and feeble male patients in the winter, by wearing a large cloth cape when out of doors; it is put

on without trouble, and keeps the patient moderately warm, without impeding any kind of exercise.

It is scarcely necessary, I hope, to express my extreme disapprobation of dressing male pauper lunatics in poorer clothing than I have described, as in old leather breeches, and soldiers' jackets, dyed; excesses of economy which I have sometimes witnessed. In short, in regulating the dress of insane patients, as in every regulation for them, we must consider not only its first and indispensable uses, but its effects on the mind.

Our most intelligent male patients are always dressed with neatness, and are anxious to observe cleanliness in every respect. A suit of gray clothes, taken care of by such patients, looks well even after six months' wear; and dresses so worn are still fit for wards in which the less intelligent patients are, who require frequent changes of clothing. Those who are employed in the farm and gardens, of course soil and wear out clothes sooner; but the average of suits of gray clothing supplied, is one suit and a quarter per patient in a year, the cost of which is about twenty-three shillings. The average cost of the whole clothing of the patients is about one pound and fifteen shillings per annum per head.

Many private asylums are open to the charge of great neglect as respects the dress of patients of the classes far above pauperism. Tattered and threadbare coats, very shabby hats, trowsers not always free from an offensive smell; and equally slovenly dresses on the female side of the asylum, shoes out of repair, hair in curl papers, make the unfortunate patients objects of pity or of ridicule. They feel themselves degraded, lose their self-respect, and with it the little self-control their malady has left them. It is true, that in some cases the patients will not dress themselves properly, that they have an affection for old and ragged garments, and insist upon their being fit to go to court in, and are violently offended if better clothes are substituted for them; but such cases form only a small proportion in any asylum; and in many instances, habits of personal neatness may be long preserved, and in some restored, after being long lost. Even an apparent disregard for cleanliness sometimes proves to have been the result of previous neglect and ill-treatment. Patients are often brought to Hanwell who are reported to us as uncleanly, but who do not prove so when properly attended to. Others, who have been pronounced uncleanly, and sent to wards appropriated to such patients, have recovered the power of keeping themselves neat, and avoiding any uncleanly habits, after some accident has caused them to be subjected to the superintendence, and benefited by the care, of the attendants in the infirmaries. Such cases are not very frequent, but they prevent despair in circumstances which appear hopeless.

The rule should be, in private asylums, that each gentleman should be encouraged to dress according to his station, and to be at least as careful of his whole dress, his boots, his hat, his gloves, as he used to be when well. Ladies should not be allowed to forget that they are ladies; but should be required to dress appropriately, both in the morning, and for dinner. Their friends are sometimes more in fault than they, and

the patients are disfigured against their will; but they should not be thus permitted to fall into a negligence which is characteristic of advanced and incurable forms of disorder.

TUMOR OF THE ORBIT.

By R. L. Howard, M.D., of Columbus, Ohio.

Mrs. Rebecca Pope, aged 40 years, of light complexion, spare habit, and the mother of several children.

This lady was brought from Fairfield Co., O., to Columbus, about one year ago, at the time when the Ohio State Medical Convention was in session, for the purpose of consulting some of its members concerning a large and nodulated tumor which completely filled the orbit of the left eye. The history of the case is nearly as follows. At the early age of 12 years she noticed the sight of the left eye began to fail, and continued to do so until she was 17, when the sight was entirely lost, and the eye itself so prominent that her physicians supposed it to be a dropsical enlargement, for which they punctured the globe. Nothing escaped of consequence, but a violent inflammation supervened, which occasioned a collapse and atrophy of the organ. For about twenty years she experienced no particular inconvenience from it; but about two years previous to her visit to Columbus, she began to feel some uneasiness and pain, together with a decided increase of morbid growth in the socket. The symptoms became so alarming, that she now resolved to seek relief.

At that time she was visited and examined by Drs. Mussey and Judkins, of Cincinnati, and several of the older members of the Convention, who were unanimously of the opinion that the tumor was *probably* malignant, and that the only chance of relief would be found in an immediate extirpation.

The tumor itself completely filled the orbit, and projected considerably beyond the brow and malar prominence. It seemed firmly fixed in its position, and quite immovable. Upon its anterior surface was imbedded the globe, flattened and diminished to one eighth its natural size. The palpebræ were widely separated, and unable to cover the tumor.

In consultation I agreed with all the other medical gentlemen, that the entire morbid growth should be removed with the knife, and advised her to submit to an operation which would afford a fair, or, at least, the *only* prospect of cure—to which she with but little delay consented.

With the assistance of my friends, Drs. Schenck, Smith, Denig and Taylor, and in the presence of several medical students, I proceeded, on the 24th of May, 1845, to extirpate the eye and tumor. The patient was placed in an easy chair, with her head thrown back, and held by an assistant. The external commissure of the lids was divided backwards; the bistoury was then passed between the tumor and the walls of the orbit, nearly to the bottom of the socket, and carried carefully around it until it arrived at the place of entrance. A little dissection with the point of the instrument removed the entire contents of the orbit. The

hæmorrhage was not profuse, and the patient bore her sufferings with remarkable fortitude. The cavity was lightly filled with lint, suitable dressings applied, and the patient laid in bed. As the pain in the part was severe, one third of a grain of morphine was administered, which soon afforded relief, when she expressed herself as exceedingly gratified that she had submitted to the operation.

May 25th, morning.—Rested but little during the night. Nausea and vomiting, pain in the head and general distress had all supervened to an alarming degree. Appropriate remedies were prescribed to allay the irritation of the stomach, and divert the tendency to cerebral disease, but to little purpose. During the afternoon, she exhibited symptoms of approaching delirium, and in the evening her mind was decidedly wandering. Prescribed twenty grains of calomel in divided doses, sinapisms to the extremities, cold water to the head, and blister to the nape of the neck.

26th.—Calomel had operated freely; mind more calm and collected, but not perfectly rational. A general distress and restlessness pervaded the whole system. No arterial excitement or general re-action had yet taken place. Pulse varied from 90 to 120. During the day, symptoms of cerebral disturbance and organic disease increased. In the evening, at my request, my friends Drs. Parsons and Smith saw her with me, in consultation. Similar measures were continued, with the addition of ammonia and other diffusible stimulants.

27th.—She had no rest during the night; pulse diminished in force and frequency; mind more incoherent and comatose; secretions all scanty and vitiated. Wound examined, and found livid and flabby, and exhibiting no signs of reparation.

These symptoms and others, indicating approaching dissolution, increased, in spite of all treatment, until the 29th, the sixth day after the operation, the patient died, apparently from inflammation of the brain. To my extreme regret, a *post-mortem* examination could not be obtained.

On examination of the morbid growth, the disease was found to consist of a tumor the size of a small orange, which commenced in the centre of the optic nerve, between its exit from the foramen opticum, and its entrance into the globe of the eye.

As the tumor increased in size, the neuralema and nervous filaments yielded, and became so expanded over the whole periphery of the tumor, as to form a complete tunic. On dividing this covering, the morbid structure was easily separated from it. Its color was nearly that of chocolate, and of the consistence of liver. Its organization was very imperfect, being easily broken down with the finger, and permeated in many parts by irregular sinuosities. Whether or not the idea is correct, it is impossible to determine, but I was impressed with the suggestion that this abnormal growth might have arisen from the organization of a small quantity of blood, which might have been extravasated in the substance of the nerve, occasioned by an early rupture of the *arteria centralis retina*.

This case is interesting in many respects; but particularly that the patient, after a complete and speedy removal of a tumor of the orbit, ap-

parently in no way connected with the brain, should die so suddenly from inflammation of that organ. A *post-mortem* examination would probably have revealed the fact that organic disease had already committed fatal ravages within the cranium.—*Proceedings of the Ohio Med. Convention.*

CHRONIC CASE TREATED HOMŒOPATHICALLY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I would not trouble you or your readers with another article, were it not for further inquiries of our friend, Dr. Leonard, and the necessity of some remarks still further on our cases, arising from the conclusions which have been drawn from them. Homœopathic cures have commonly (by those not acquainted with the subject) been attributed to *imagination;* but in our cases this will not do, and therefore "*confidence*" and "*nature*" come in for the credit. Let us look at this. In regard to the first case of ours, Drs. Clough and Leonard attribute the cure to the venesection and purging. Now they will observe that the patient had been sick some twelve hours when he was bled and purged; in some fifteen hours after, I was called to see him. His disease was now *much more severe* than when the other physician was called. If the venesection had the effect, why should it allow the disease to become aggravated for fifteen hours, and then suddenly take effect? Had any allopathic practitioner been called at the same time, we are certain the patient would have been bled again, and other active antiphlogistic treatment adopted. In the second case (also inflammation of the bowels) Dr. C. says the "evacuations were favorable, puking, purging and sweating." Why don't he add, pain, tympanitis, pulse 112, &c. We were not before aware that sweating might not be a morbid phenomenon, a symptom we have observed so often in hectic, in typhus, in cholera, and in bilious enteritis. Puking and purging we have often considered morbid actions. Dr. C. thinks this case cured in "spite of the medicine;" while Dr. L. says "small doses of mercury are efficient as a curative." Dr. C. says, "These cases are valuable in one point; they show the profession how little reliance should be placed on medicinal agents, and how much on the natural powers of the system." Here is the most fatal error into which the profession can fall. It arises, in the first place, from *assuming* that homœopathic treatment is inefficient, and consequently it *must* be nature which effects the cure. The *assumption* is *false*, and the conclusion therefore erroneous. We would just invite Dr. C. to compare the state of these cases with the *pathogenetic* and *curative* action of the drugs which were used, and see if there is any analogy. The reason "*nature*" did not start on our *first* prescription in the second case, was that the remedy was *not* appropriate, and *we* were to blame. Again, Dr. C. says "they were inspired by hope, which could not be induced by a different class of practitioners." How so? In the first case the patient had high confidence in his physician, and neither of them had ever before seen me; and the second was a perfect *invincible* in favor of

a particular physician in whom she had great confidence; he could not be had, and when her friends, seeing her continued sufferings, determined to call some one, she reluctantly consented to me. A few weeks ago, a practitioner in this city invited me to see a patient of his, who was taken about twelve hours previous with cholera morbus. I found her as follows: had vomited every fifteen minutes for twelve hours; vomited, while I was examining her, a thin, slightly colored fluid; purging about as frequent, with severe griping in the abdomen, and continued prostrating sickness at stomach; sunken, death-like expression; excessive thirst; mouth dry, and tongue coated; *extremities cold;* pulse scarcely perceptible; severe cramps in the calves of the legs and feet, &c. I said to the physician, *veratrum album*—this remedy best corresponds to the case, and if given in poisonous quantities will produce a similar state. A few drops were put in a tumbler of water, and a tablespoonful given. She has not vomited since. We waited an hour. In fifteen or twenty minutes the sinking sickness at stomach abated, the extremities began to grow warm, the pulse came up, the spasm abated, and she soon fell asleep. The purging abated more gradually, and all untoward symptoms soon ceased. Was this accidental? This patient I had never seen before, nor does she know that there is such a term as homœopathy. We would invite our brethren particularly to examine the pathogenetic effects of ver. album.

Dr. C.'s three cases are not exactly analogous. The first got well "*in due time*"—rather indefinite. We all know that mild cases of scarlatina will not *die*. We would suggest whether in the case a few doses of bell. would have allowed the child to lay stupefied three days. From what we have seen of it in brain affections, especially in this disease, we judge not. The case of colored water has satisfied probably till this time.

In connection with our cases, we beg to refer to the case, page 508, in this Journal for July 22d. Was it one twelfth of a grain of nit. silver which in *five minutes* relieved acute ophthalmia? or was it the two pounds bleeding, twenty grains calomel, large dose of salts, followed by thirty leeches without relief? Dr. Manson attributes it to nit. silver. We do not say this is homœopathic practice. Still, we think it will produce inflammation of the eye.

In regard to Dr. Leonard's two cases, we say we cannot tell, from his brief description of the first, whether belladonna was the most appropriate remedy aside from the dose. Mercury is oftener used in these cases; and other drugs, depending on the *totality* of the *symptoms*, together with other circumstances, "such as age, sex, constitution, habit, susceptibility, &c., which *we* admit, though Dr. L. does not. In his second case, we are *certain* that of the three drugs used, neither had any analogy to the case—probably nature would have done as well for them as they did for Dr. C.

But as our brethren do not relish our acute cases, we will give them one of a chronic character.

H. B. S., aged 36, rather small, and of lymphatic temperament, consulted us May 6th, 1846. He had been ill for ten years with *chronic*

diarrhœa, if we should name it. Elisha Bartlett, M.D., was his family physician, and treated it for some years, more or less. He had since consulted other physicians of this city, and finally tried the botanic practice and patent medicines, and, as he said, "has *tried everything*," but all to no effect, and for the last four years has taken nothing. Symptoms as follows:

May 6th.—Continual desire for stool (especially after eating); movements four to sixteen per day, average ten; stools watery, green and dark when frequent; when less so, yellow and more consistence; great weakness after many movements; griping, and sensation of a bunch in stomach; appetite fair, digests light food; nausea; severe and constant pain through head; irregular darting pain in side, and from side to shoulders and breast; weakness and soreness in loins; nervous; extremities cold. Nux vomica three times a-day.

11th.—Desire for stool natural; no pain in head. Pulse 48. Nux vomica three times a-day.

14th.—Dejections improved; griping in stomach better; pain in side gone, and in shoulders better. Pulse 56. Nux vomica three times a-day, and arsenic once.

19th.—Three or four stools, of better appearance; is stronger; griping in stomach improved, and appetite good. Pulse 55. Nux vomica and arsenic as yesterday.

23d.—Two stools—yellow; griping in stomach well, and peculiar sensation less; side well; extremities warm. Pulse 59. Nux vomica twice; China twice.

June 1st.—Two stools; sensation of stomach improved. Pulse 70. Bryonia twice a-day.

11th.—Two or three thin stools; is languid; sensation in stomach entirely gone; appetite improved; extremities cool. Pulse 65. China three times a-day; sul. once a-week.

20th.—One or two natural stools; feels strong; extremities warm. Pulse 68. China three times.

July 7th.—Two stools. Pulse 69. Chin., nux.

20th.—Two stools, natural; slight pain in side. Pulse 70. Rhus twice a-day.

August 13th.—He has not called since July 20th for medicine; is very well; has one or two movements a-day; in every respect quite well. It will be observed that it is more than fourteen weeks since the commencement of the case. In the first four weeks the important sufferings were relieved. This case is given for what it is worth; if not cured, we think it at least palliated. We think it cannot be said it had not had *good*, *bad*, and *no treatment*, for a length of time sufficient to try them. This case may appear like figuring to *symptoms*; it is so, to a certain extent. We might have *guessed* at the *pathological condition*, and also *guessed* at what would change it; but we fear our luck at guessing would have been no better than that of our predecessors. In this case we gave the patient no hopes of relief, merely saying he could try and see if there was any effect. It will be seen by the report what

remedies removed certain states, and the time. We would say to Dr. L., we do not depend on symptoms entirely, but have especial reference to the pathological state in all diseases where that can be done.

Dr. L. makes of us two inquiries. 1st. "How are the pathogenetic virtues of these medicines employed in the *last stages* of phthisis, pneumonia, croup, &c., obtained?" We answer, not by pushing the articles in health till we produce that state necessarily, though something is obtained from poisoning. Suppose we give *bi-chromate potass* to a healthy child, till it produces an exudation of lymph on the lining membrane of the trachea, and this be followed by fever, difficult respiration, &c.; it may be carried so far as to cause death. Now if in a sufficient number of cases of croup this remedy is curative, the evidence is strengthened, and Dr. L. will observe that we have not only *pathogenetic* effects, but also *curative* to correspond. And it is not true that we depend alone on trials of drugs on the well, but by their corresponding *curative* action on the sick. 2d. "Does he vary his prescription for the robust man who is dying from peritonitis, or does he administer as to the delicate female who has the *same disease* and the *same symptoms?*" "In the two cases above, the *symptoms* may be the *same*, but the *pathological* difference may be great." !! How are we able to ascertain that the *pathological difference* is great, where the *disease* and the *symptoms are the same?* I know of no way to come at the pathology of any disease but through the symptoms, and by symptoms we include every deviation from health. We confess, on this point, Dr. L. has got ahead of us. Dr. L. says we eulogize Hahnemann. Not much, doctor; we only quote what is said of him by an opponent, Dr. Forbes, in an article which "*the profession*" believe is going ere long to be the death of homœopathy. We are willing our readers should judge between what Dr. Forbes says now, and what one Dr. Leo Wolf said thirteen years ago. Dr. L. says "our array of cases will fail to convince medical men," &c. No doubt this is true in regard to some—there are some men (even medical) who are never convinced of anything, and sometimes hardly get a new idea. Dr. Harvey even failed to convince men. But from what we happen to know, many *medical men* look upon this subject in a very different light, even from our discussion with Dr. L., and we are sure good will come out of it.

Our limits will not permit us to notice in detail several difficulties to which Dr. L. alludes in his last article, such as the theory of the system and the operation of medicines, &c. &c. Suffice it to say, that on these points Dr. L. will do well to study further. If he imagines we discard chemistry, physiology, pathology, &c., he is entirely mistaken. From some extracts in Dr. L.'s last article, we suspect he may have read a "Synoptical Report," got up in Onondaga Co., N. Y.—a most miserable thing; and one of which the author will be heartily ashamed, should he ever get his eyes open enough to see his nakedness. As well might one hope to obtain a knowledge of systematic theology from reading what Hume and Voltaire have written on that subject, as a knowledge of homœopathy from such as the above. Dr. L. begins to beg for quarters, and speaks of being "again called out to defend his domicile." We

think, as he "has not lost a hair of his head" in the combat, we are the one to give in, since some half a score of the valiant ones of New England have pounced upon us for merely acting as helmsman to our brethren in the explanations of homœopathy. But we are perfectly satisfied with Dr. L. as an intelligent physician, and in our discussion with him we complain of nothing, and are willing to drop the subject. We hold ourself amenable to the profession for any principles or practice. At the same time we shall not be much influenced by those, on *any subject*, who have not obtained a sufficient knowledge of that subject to enable them to form an opinion of its merits. We know the study required, and something of the success of homœopathic pratice—especially in the more severe and fatal diseases, and the world will always require something more than mere *disbelief* (and that from want of evidence) to check the progress of truth. Yours, &c. DANIEL HOLT.

Lowell, August 14, 1846.

LARYNGITIS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—A few days since, I was called to an adjoining town to see Mr. G. A. Robinson, aged 28. The young man that came for me said "that soon after going to bed Robinson was taken with choking, and had such an incessant cough that he could neither speak nor swallow." A little apprehensive what might be the case, I hurried to the scene of distress, and on entering the room I found the windows all open, and attendants fanning the man, who was lying upon the bed, coughing and gasping for breath. His eyes were prominent, his countenance anxious and distressed, with the skin of a dark purple hue. A violent effort was make at every inspiration, with a dry, husky, throttling noise. On examining the lungs, I found them free from difficulty. Two or three hours before, he was apparently well. It is, said I to myself, an acute attack of idiopathic laryngitis, and something must be done, and that quickly, if at all. This is my first case of the kind, and authors disagree as to the propriety of "emetics and bloodletting." I will therefore discard authors, and treat him as the case, in my judgment, demands. The pulse 98, not very full nor hard; tongue not coated much, but livid. I had him set in an upright position, and, thus supported, I opened a vein and drew blood until there was appearance of fainting. After replacing him upon the pillow, I found his inspiration less laborious, with less of the hissing, wheezing noise. Had a cataplasm of mustard seed applied to the upper part of the trachea. Gave him grs. iij. hydrargyri cloridi mitis, to be repeated every three hours, as he had now less cough, and could swallow. Made a solution of tartratis antimonii et potassæ, grs. viij.; aquæ, ʒ iij.; and added tinc. sanguin. Canaden., ʒ j. A tablespoonful to be given every hour, gradually increasing the quantity until vomiting should follow, then lessening it, so that it may be taken without vomiting—

directing that if the patient should be much relieved, the powders might be omitted, and a cath. of senna and salts given.

Next day I found Mr. R. walking about the room, raising freely a viscid tough matter from the throat, with some hoarseness. He remarked "that as the blood run the night before he could evidently feel its good effect, and that when the solution operated as an emetic (which was in the course of a few hours), he felt that he was a well man."

Hudson, N. H., August, 1846. H. M. Hooke.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 2, 1846.

Massachusetts Medical College Circular.—Very few, if any, of the annual medical circulars will compare with the one just issued by the Medical College in Boston. It has two lithographic pictures—one an elevation of the General Hospital, and the other a view of the new Medical College now in process of completion in Grove street. As a statistical document, illustrative of the past operations of the Medical Department of Harvard University, from the year of its organization to the present time, it will not only be consulted with interest, but be kept for future reference. Those who have been professionally educated in Boston, know very well the character of the instruction that is given, the orderly manner of conducting the lectures, their thoroughness, and the value of the practical illustrations of whatever has been taught the student, in the wards of one of the first hospitals in America. With the increased facilities for accommodating far larger classes in the new college, than could be seated in the old Mason-street building, the faculty will commence their autumnal labors with fresh courage, and a disposition to maintain the wide-spreading reputation of an institution of which the people of this Commonwealth have long been proud.

Jefferson Medical College.—In looking over the circular of this energetic, influential institution, the evidence of a determined spirit of enterprise is as manifest as it was at the very commencement of its official existence. "The catalogue of the session 1845–6 contains the names of *four hundred and sixty-nine* students—being the largest medical class in the United States; and at the annual commencement in March, the degree of Doctor in Medicine was conferred on *one hundred and seventy* individuals. So great indeed has been the afflux of students to the College, that the Faculty have found it indispensable to make extensive alterations in the building." Being a well-wisher to the success and usefulness of all the rival colleges of the Union, it is gratifying to watch the progress of the whole, and their success in raising the character and standard of medical education in the new world.

Medical Visiters.—Quite a number of medical gentlemen from the cities of the South, have visited this section of New England within the last few weeks; but owing to the circumstance of the absence of families from Boston during the heat of summer, they have not received all the attentions which would have been shown them under other circumstances. It must not be supposed, however, that we are inhospitable, because we live in a changeable climate, where the mercury ranges from ten to forty degrees within twenty-four hours. Nothing is more gratifying to us, at this cold extremity of the Republic, than to be visited by our professional friends from more genial regions. The institutions of Massachusetts begin to have the age and character which entitle them to the appellation of venerable, being amongst the oldest in the country. This observation does not apply strictly to medicine, as Pennsylvania has the precedence over all the States, in laying the foundation, at an early period of her history, for teaching all departments of the healing art. But in no place are the currents of christian charity running in broader, purer streams than in this portion of the land of the Pilgrims, which is exhibited in our hospitals, dispensaries, and a variety of happy devices for relieving the misfortunes of humanity. There are a vast variety of objects illustrating the energies, the resources, and the domestic comforts of the people on our hard, rocky soil, well worth the close inspection of the curious. With little for exportation but ice and granite, the habitual industry of the whole community is such, that the comforts, conveniences and elegancies of life are neither few nor undervalued. More frequent intercourse with our medical brethren of the South and West, would lead to happy results, in the promotion of friendly intercourse, and ultimately exert a beneficial influence on the general progress of the science we cultivate.

Dysentery Syrup.—Messrs. White & Ferguson, druggists, of Boston, have prepared a remedy for dysentery, or rather that condition of the bowels which so commonly follows the fruit season, which meets the approval of judicious physicians, by whom we understand it is extensively prescribed in the city. Messrs. White & Ferguson are above all tricks in trade, and like honest men they have no secret in regard to the composition of their new preparation. It is made of a decoction of the rubus villosa, spina tormentosa, slippery elm, Iceland moss, rhubarb, sugar, and a small portion of brandy, in such proportions as experience justifies. The manufacturers have sent it to practitioners, with a request that a fair trial of its effects may be made by them. This is the best way of extending the usefulness of their medicine.

Reading in Rail-Road Cars.—Imperfect vision seems to have increased since rail-road travelling was introduced. An exertion of unusual intensity, both of the mind and muscles, is required to read with any degree of satisfaction while the cars are running rapidly on the track. The prolonged effort brings on a kind of dimness of sight, not unfrequently followed by a pain in the forehead, from a determination of blood to that region of the brain, in the unnatural attempt to read while in rapid motion. The practice is exceedingly injurious, and should be abandoned by those who have any desire to use their eyes in old age.

Post-mortem Contractility of Muscles.—Some one has kindly furnished us with a copy of "Experimental Researches on the Post-mortem Contractility of the Muscles, with Observations on the Reflex Theory, by Bennet Dowler, M.D.," of New Orleans—a re-print from the New York Journal of Medicine. The pamphlet form in which it has appeared is convenient for circulation, and will extend the deserved reputation of the indefatigable author. It would be unjust towards the learned and patient investigator who has conducted these inquiries, not to say that his close observation and method of philosophizing exhibit the powers of no ordinary intellect.

United States Dissector.—A fourth edition of Lessons in Practical Anatomy, by Professor Horner, of the University of Pennsylvania, with numerous illustrations, has just come from the press of Messrs. Lea & Blanchard, of Philadelphia. This work first appeared twenty-three years ago, but is none the less welcome now to those pursuing the study of anatomy, as it is presumed to have been improved as the science of which it treats has progressed by further and more minute advances in the knowledge of human organization. The reputation of Henry H. Smith, M.D., the editor, stands well with the medical public, as an accurate man, and it is fair to conclude, therefore, that students will find this an admirable guide in the dissecting room. In looking over the plates, we are compelled to say that they are very common affairs—by no means equal to what the text should have had for accompaniments. Economy must not be carried too far, especially when the same wood-cuts are allowed to figure too frequently in different books. It was due to the reputation of Dr. Horner, and to Dr. Smith, also, to have had better plates, and more of them, because they are of real and undeniable utility in tracing out parts with the knife. These observations are not made in ill will. We think so well of the United States Dissector, that we regret a deficiency of any kind in it. Copies are on sale at Ticknor & Co.'s, in Boston.

Necrosis.—Dr. Hutton presented to the Pathological Society of Dublin, a recent specimen of central necrosis of the tibia. The case was one of acute osteitis followed by necrosis of the internal cancelli of the bone. The subject was a man aged 23, a servant, admitted into the Richmond Hospital on the 29th of January, 1844. He had hurt his leg above the ankle four years ago. A troublesome ulceration ensued, attended with exfoliations of several splinters of bone. In last December, a week before Christmas, he sprained the ankle of the same limb, but, instead of giving it rest, he walked about on it, the result of which was, that not only the ankle-joint, but the entire of the leg, became swollen, tense, and excessively painful. He was admitted into the Meath Hospital, where he remained three days, but left when amputation, which he then refused to submit to, was declared to be necessary. The limb was amputated yesterday in the Richmond Hospital. Previous to the operation the pain had been very severe. The inflammation resisted all the means adopted for mitigating it. There was an ulcer with a fistulous opening leading to the bone. There were patches of sphacelus on the surface of the leg, and fever, with delirium, had set in. No other means but amputation re-

mained for saving the patient's life. It was asserted that the same limb had also been fractured during infancy. In examining the amputated limb it was observed that the disease was chiefly in the tibia, the surface of which was rough and irregular. A section of the tibia discovered in the cancellated structure an insulated portion of bone surrounded by a soft, pulpy, granular membrane. This was a central necrosed portion with which a sort of cloaca, formed through the external bone, communicated. The rest of the bone was healthy, except the epiphysis, which had the appearance of scrofulous bone. The ankle-joint was diseased, the cartilage being stripped off in patches from the articulating surfaces of the tibia and the astragalus, yet there had been very little pain experienced when the foot was rotated, or the sole pressed upward. All this mischief had occurred since the sprain in last December.—10th February, 1844. —*Dublin Quarterly Journal of Medical Science.*

Cold Climates not productive of Consumption.—Dr. A. S. Wotherspoon, in a paper read to the New York Medical and Surgical Society, speaks as follows respecting the existence of consumption near Fort Kent, Me.

"The climate of Fort Kent, like that of the colder regions of northern Europe, does not seem favorable for the production of pulmonary phthisis. During my sojourn at the post, I have neither seen nor heard of a case of this disease among the French or American settlers. Assistant Surgeon Isaacs, who, during the two years he was resident at the Fort, had a much better opportunity than myself of becoming acquainted with the diseases of the country, informs me, not only that he never saw a case of consumption in the country, but that some of the inmates of the garrison who were affected with suspicious symptoms, recovered from them entirely. The present revenue officer at the post, a man of decidedly scrofulous temperament, had suffered a slight attack of hæmoptysis, and other symptoms of incipient pulmonary disease, when he was ordered to this post. Though liable to catch cold when exposed, his cough no longer troubles him, he has gained flesh and strength, and considers himself free from the disease. A careful examination of the chest in this case, gave no marked results, yet I have no doubt from his symptoms, that when ordered to Fort Kent, he was suffering under tubercular deposition in the lungs. One case of phthisis occurred in an artificer of C. G. 1st Artillery, a man hereditarily disposed to the disease, and having it fully developed before his arrival at the post. He remained for a year in tolerable health, until much exposed to hard labor in the midst of the melting snows of March and April, when the disease became more marked, and he was forced to enter the hospital. As his term of service had nearly expired, and he was desirous of visiting his friends, he was allowed a furlough, without remaining any length of time under treatment."

The American Dental Society.—The American Society of Dental Surgeons held their annual meeting in this city on the first Tuesday in the month, and continued in session four days. The Society is composed of dentists throughout the United States, and has for its object the improvement of their profession. They have essays prepared and read, on subjects connected with the art of dentistry; besides it gives them an oppor-

tunity for a free interchange of sentiments, which must tend to elevate the general character of the science.

The art of dentistry owes many of its greatest improvements to American talent and ingenuity, and we are pleased to see them taking the high stand which they have maintained with so much honor to themselves and our country, for the past few years. Dr. E. Parmly, of this city, is the president of the Society.

There are two or three dental colleges in this country, where lectures and practical instructions are regularly given.—*New York Medical and Surgical Reporter.*

Deaths in London.—The register of decease, &c., within the bills of mortality, for the week ending July 11th, announces 901 deaths, being about the weekly average for the last five summers, and 67 under that of the last five years. One hundred and thirty-nine deaths are registered as occurring from pneumonia; 28 from heart disease; 24 from enteritis; 20 from tabes mesenterica; 29 from natural decay; and 15 violent deaths. Births registered in the same week, 1278, viz. 659 males; 619 females. In the week ending July 18th, the deaths registered were 1053, of which 163 were from phthisis; 31 from heart disease; 26 from enteritis; 23 from tabes mesenterica; 35 from old age, &c., and 21 violent deaths. Number of births in same week, 1262, viz., 624 males, 638 females.—*London Lancet.*

Medical Miscellany.—Dr. Dreisback, of Tiffin, Ohio, is a candidate for Congress.—Why should Isadore E. Provost, M.D., an homœopathic physician, be avoided because he does not pay his debts?—Amos Westcott, M.D., of Syracuse, N. Y., has been elected Professor of Operative and Mechanical Dentistry, in the Baltimore Dental College.—Richard O. Curry, M.D., of Nashville, Tenn., has been appointed Professor of Chemistry and Experimental Philosophy and Natural History, in the University of East Tennessee, in the place of the late Professor Garvin.—Dr. John F. Head, of Boston, is commissioned an Assistant Surgeon in the U. S. A., from August 6th.—Dr. Hempel and Dr. Coxe, of New York, the former a homœopathic physician, seem to be getting at loggerheads about the number of deaths which are asserted to have occurred in the first gentleman's practice.—A physician residing in Kutztown, Pa., was recently mulcted in the sum of $500, for negligent and unskilful treatment of a fractured arm.—Mrs. Ann McCarnon recently died at Paterson, N. J., at the age of 106.

MARRIED,—Dr. Wm. Dwight, of South Deerfield, Mass., to Miss H. M. Clark.—In Jefferson, Me., T. Carter, M.D., to Miss M. J. Weeks.

DIED.—Dr. John T. Parton, of the U. S. N., 26.—At. Lenox, Mass., Thomas Robbins, M.D., 25.—late of New York.—In California, in March last, Dr. Wm. Brown Gildea, 26.

Report of Deaths in Boston—for the week ending Aug. 29th, 103.—Males, 52, females, 51.—Stillborn, 5. Of consumption, 10—disease of the bowels, 25—cholera infantum, 6—diarrhœa, 5—dysentery, 2—pleurisy fever, 1—drowned, 1—intemperance, 1—suicide, 1—measles, 4—bilious fever, 1—scarlet fever, 3—typhus fever, 2—infantile, 9—croup, 2—disease of the heart, 2—disease of the liver, 1—dropsy, 1—dropsy on the brain, 6—accidental, 2—marasmus, 1—canker, 1—teething, 1—cholera morbus, 5—old age, 3—inflammation of the brain, 1—apoplexy, 1—convulsions, 1—worms, 1—lung fever, 1—inflammation of the bowels, 1—child-bed, 1.

Under 5 years, 61—between 5 and 20 years, 7—between 20 and 40 years, 22—between 40 and 60 years, 7—over 60 years, 6.

Prize for Mesmerism.—From a letter recently published in a Dublin paper, it appears that the £100 note deposited for six months in the bank of Messrs. Ball & Co., which was, according to the terms of the advertisement in the public papers, "to become the property of any person who, without opening the envelope in which it was contained, should describe every particular respecting the note—such as its number, its date, the bank at which it was payable, &c., and who should read three English words, plainly written on a slip of paper, which was contained in the same envelope with the note," has not been awarded. The six months expired on the 31st March, but the time was extended to the 18th of April, to meet the convenience of a lady, a professor of mesmerism, and the authoress of an ingenious book on the subject, who arrived from London in the beginning of the month, and who expressed a wish to have some time longer to prepare her *clairvoyance* for the test. Six months and seventeen days having expired, and no person having appeared at the bank to examine the envelope, it was opened on the 18th inst., in the presence of Messrs. Ball & Doyne, and one or two other persons connected with the establishment. The note proved to be a printed check issued by the house of Messrs. Ball & Co. for £100, payable to Œdipus or bearer, and dated the 1st of October, 1845. The English words (written on a separate slip of paper) were, "to Œdipus alone." Although no person applied at the bank to inspect the envelope containing the note, some communications were received from different parts of England, and one from America (but none from Ireland), containing mesmeric revelation respecting the number of the note; and one letter (from Plymouth) enclosed a picture, or (intended) *fac-simile* of it. It is unnecessary to add that these mesmerically-inspired persons were mistaken in every particular.

JEFFERSON MEDICAL COLLEGE.—Session of 1846-7.

The regular Course of Lectures will commence on Monday, the 2d of November, and end on the last day of February.

Robley Dunglison, M.D., Prof. of Institutes of Medicine, &c.
Robert M. Huston, M.D., Prof. of Materia Medica and General Therapeutics.
Joseph Pancoast, M.D., Prof. of General, Descriptive, and Surgical Anatomy.
John K. Mitchell, M.D., Prof. of Practice of Medicine.
Thomas D. Mütter, M.D., Prof. of Institutes and Practice of Surgery.
Charles D. Meigs, M.D., Prof. of Obstetrics and Diseases of Women and Children.
Franklin Bache, M.D., Prof. of Chemistry.

Every Wednesday and Saturday during the course, Medical and Surgical cases are investigated and prescribed for before the class. During the past year not fewer than 1,000 cases were treated, and upwards of 172 were operated on. The Clinical Lectures are so arranged as to permit the student, should he desire it, to attend the Medical and Surgical practice and lectures at the Pennsylvania Hospital.—On and after the 1st of October, the dissecting rooms of the College will be open, under the direction of the Professor of Anatomy and the Demonstrator.

Owing to the large size of the class, which numbered 469 during the last session, it became expedient to make extensive and important alterations in the college edifice. These will be completed by the 1st of September.

R. M. HUSTON, M.D.,
July 29.—eptN1. *Dean of the Faculty*, No. 1 Girard Street.

MEDICAL INSTITUTION OF GENEVA COLLEGE.

The Annual Course of Lectures in this Institution will commence on the first Tuesday of October, and continue sixteen weeks.

Thomas Spencer, M.D., Prof. of the Institutes and Practice of Medicine.
Charles B. Coventry, M.D., Prof. of Obstetrics and Medical Jurisprudence.
James Webster, M.D., Prof. of Anatomy and Physiology.
James Hadley, M.D., Prof. of Chemistry and Pharmacy.
Frank H. Hamilton, M.D., Prof. of the Principles and Practice of Surgery.
Charles A. Lee, M.D., Prof. of Materia Medica and General Pathology.
Corydon LaFord, M.D., Demonstrator of Anatomy and Librarian.

The fee for a full course of lectures is sixty-two dollars; which may be paid to the Register at the commencement of the term, or the fee for each course may be paid on taking out the ticket.

Arrangements have been made for an ample supply of material for the Anatomical department, and every facility will be furnished for pursuing Practical Anatomy.

July 8.—1Oct1 C. B. COVENTRY, *Registrar*.